

## TENNESSEE SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

APPLICANT: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

Type of Project: check one or more as appropriate

☐ Infrastructure

☐ Rail

☐ Building

☐ Equipment

☐ Other \_\_\_\_\_

TOTAL COST: \$ \_\_\_\_\_

CDBG REQUEST: \$ \_\_\_\_\_

**OTHER FUNDING**

**SOURCE**

**STATUS**

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ability-to-Pay Percentage (*Infrastructure only*) \_\_\_\_\_%

**National Objective**

\_\_\_\_\_ Low and Moderate Income

\_\_\_\_\_ LMI percentage

**Profile**

Applicant's Population \_\_\_\_\_

Development District \_\_\_\_\_

County \_\_\_\_\_

City \_\_\_\_\_

**Chief Executive Officer (*Mayor or County Executive*):**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

Signature \_\_\_\_\_

**Application Preparer:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Agency \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

**Local Contacts:**

Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Title \_\_\_\_\_  
  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Title \_\_\_\_\_  
  
Phone \_\_\_\_\_

**Engineer:**

Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Title \_\_\_\_\_  
  
Phone \_\_\_\_\_

**Administrator:**

Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Title \_\_\_\_\_  
  
Phone \_\_\_\_\_

**Company Contacts**

Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Title \_\_\_\_\_  
  
Phone \_\_\_\_\_

**Company Contacts**

Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Title \_\_\_\_\_  
  
Phone \_\_\_\_\_

### State Legislators:

Name \_\_\_\_\_  
Home \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Title State Senator

Phone \_\_\_\_\_

Name \_\_\_\_\_  
Home \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Title State Representative

Phone \_\_\_\_\_

Name \_\_\_\_\_  
Home \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_  
Home \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

### Federal Legislators:

Name Bill Frist  
Mailing \_\_\_\_\_  
Address 565 Dirksen Senate Off. Bldg.  
Washington, DC 20510-4205

Title U.S. Senator

Phone (202) 224-3344

Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address 523 Dirksen Senate Office Bldg.  
Washington, DC 20510

Title U.S. Senator

Phone (202) 224-4944

Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Title U.S. Representative

Phone \_\_\_\_\_

Applicant/Project : \_\_\_\_\_

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## **PROGRAM NARRATIVE**

Provide a brief description of the company, its product(s), its proposed expansion or location and why the CDBG funds are needed and any unusual features of the project. Include the total number of jobs to be created over a 24 month period, the total number of jobs anticipated, total number of LMI jobs and a timeframe for hiring. In addition, please discuss how the company promotes non-discrimination in its hiring practices and provides benefits to minorities. Use as many pages as needed. Be specific.

## EQUIPMENT ANALYSIS WORKSHEET

1. Equipment Name: \_\_\_\_\_
2. Description of Use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Estimated Cost of Equipment: \$ \_\_\_\_\_
4. Estimated Cost of Installation of Equipment: \$ \_\_\_\_\_
5. Installation Cost Will Be Paid for with:  
☐ Private funds    ☐ Other funds (*Specify type*) \_\_\_\_\_
6. Who will install?  
☐ Vendor    ☐ Contractor    ☐ Force Account    ☐ Other \_\_\_\_\_
7. Method of Installation: (i.e., bolted to floor, attached to ceiling or wall, embedded in concrete, attached to existing equipment, free-standing, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Any structural modifications?    ☐ Yes    ☐ No    If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Any upgrade as a result of installation? i.e.:  
☐ Electrical        ☐ HVAC                ☐ Plumbing  
☐ Gas Lines        ☐ Other  
Explain:  
\_\_\_\_\_  
\_\_\_\_\_
10. New Equipment \_\_\_\_\_ Used Equipment \_\_\_\_\_  
\_\_\_\_\_

## BUILDING CONSTRUCTION QUESTIONNAIRE

1. Who will own building? \_\_\_\_\_  
\_\_\_\_\_
2. Will this be a negotiated bid? ☐ Yes ☐ No
  - a. If yes, is contractor already known and if so, who is it?  
\_\_\_\_\_
3. Will there be more than one contractor working on the job? (building, site preparation, landscaping, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Is an architectural firm being contracted to design building?  
  
☐ Yes ☐ No
  - a. If yes, give name: \_\_\_\_\_
  - b.\* If no, who will stamp the plans? \_\_\_\_\_
5. Is building pre-fabricated? ☐ Yes ☐ No
  - a. If yes, which company? \_\_\_\_\_
6. Who will inspect building? \_\_\_\_\_
7. Does the city/county have building codes and/or a code enforcement program?  
  
☐ Yes ☐ No
8. Estimated time for construction. \_\_\_\_\_
9. Square footage \_\_\_\_\_
10. Estimated cost \$\_\_\_\_\_

\* An architect must stamp and sign off on the plans and specifications.

Applicant/Project : \_\_\_\_\_

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## PROJECT BUDGET

	Total Cost	CDBG	Local	Other* _____	Other* _____
Construction <i>(Attach Detail)</i>					
Construction Inspection					
Engineering Design					
Other Engineering Services <i>(Attach Detail)</i>					
Legal Services					
Appraisals					
Acquisition					
Relocation					
Clearance					
Project Contingency					
Administration <i>(Attach Detail)</i>					
Environmental Review					
Equipment Purchases					
Other <i>(Attach Detail and Specify)</i>					
<b>TOTAL</b>					

Time frame for construction \_\_\_\_\_

\_\_\_\_\_  
\* If other funding has been approved, attach a copy of the approval.

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### DETAIL OF COSTS

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#### OTHER ENGINEERING SERVICES

Surveys	\$ _____
Geotechnical	_____
Sewer Plant Start-Up	_____
Total	\$ _____

ADMINISTRATION - Provide narrative explanation of Plan for Administration of the Project\*

OTHER:

Will any of the project be done using force account? ☐ YES ☐ NO.

NOTE: In order to do force account work, the grant recipient must own the equipment, use city forces, and obtain State approval by submitting the following information:

1. Names and engineering qualifications of personnel performing the work and their capabilities for design, supervision, planning, inspection, testing, etc. as applicable.
2. Details of experience with projects of like or similar nature.
3. Information on workload as it may affect capacity to do the work within timeframe or work schedule.
4. Justification for doing the work by force account rather than by contract.
5. A complete breakdown showing: (a) the number of work hours and cost per hour for each category of labor, and (b) a list of non-salary costs such as materials, supplies, equipment, etc.
6. Certification from the above mentioned personnel's supervisor confirming that they are full time City/County employees and have not been hired just for this project.
7. Certification confirming the equipment to be used is owned by the City/County and that it is not rental equipment.



## DETAIL OF ADMINISTRATIVE COSTS (continued)

### DETAIL OF ADMINISTRATIVE COSTS

Name of Person or Firm Providing Services \_\_\_\_\_

TASK	Projected Number of Hours	Amount
1. Environmental Review Record		
A. Project Not In Floodplain		
B. Project In Floodplain		
C. Project Requiring Archaeological Survey		
2. Project Files		
A. Set Up		
B. Monthly Maintenance/Update		
3. Fair Housing/Equal Opportunity		
A. Fair Housing Activity		
B. Equal Opportunity		
1. Section 3 Plan		
2. On-Site Poster Documentation		
3. Contact Female/Minority Contractor		
4. Quarterly Contractor/Subcontractor Activity Report		
4. Acquisition - Fee Simple		
A. Identification of Properties To Be Acquired and Locating Property Owners		
B. Compilation of Case Files and Ongoing Record Keeping		
C. Coordinating Services of Title Attorney, Surveyor and Appraisers		
D. Negotiation to Purchase and Final Sale and Closing		
5. Relocation		
A. Identification of Relocation Needs and Available Resources		
B. Compilation of Case Files and Ongoing Record Keeping		
C. Identify Comparables and Maintain Records on Available Housing Market		

## DETAIL OF ADMINISTRATIVE COSTS (continued)

TASK	Projected Number of Hours	Amount
6. Housing Rehabilitation		
A. Identification of Units and Determination of Eligibility		
B. Compilation of Case files and Ongoing Record Keeping		
C. Solicitation of Contractors and Pre-bid Activity		
D. Monitoring Ongoing Construction and Scheduling Inspections and Write-ups		
E. Release of Liens, Certification of Completion/Final Inspection		
F. Pay Requests and Record Keeping for Escrow Accounts		
G. Quarterly Performance Reports		
7. Clearance		
A. Identify Properties and Contractors		
B. Bid Process for Demolition		
C. Inspections		
D. Final Inspection, Releases and Payment to Contractor		
8. Labor Compliance		
A. Request Wage Rate		
B. 10 day Call/Memo for Files		
C. Attend Bid Opening/Prepare Minutes		
D. Notice of Contract Award/Pre-Construction Conference		
E. Coordinate and Conduct Pre-Construction Conference		
F. Prepare Minutes of Pre-Construction Conference		
G. Bid Advertisement Documentation for Files		
H. Bid Tabulation Documentation for Files		
I. Executed Bid Document/Specs including Certifications regarding EO, Labor, and Section 3, Insurance/Bonding - Documentation for Files		
J. Contractor Recommendation Letter		
K. Contractor/Subcontractor Eligibility Verification		

## DETAIL OF ADMINISTRATIVE COSTS (continued)

TASK	Projected Number of Hours	Amount
L. Notice to Proceed		
M. Conduct Employee Interviews and Check Site for Posters		
N. Check Weekly Payrolls/Cross Check with Interviews		
O. Consultation with Engineer, State, Other Funding Agency		
P. Release of Liens/Certificate of Completion/Final Inspection		
9. Financial Management		
A. Authorized Signature Cards		
B. Designation of Depositary		
C. Requests for Payment		
D. Payment of Invoices		
E. Posting of Accounting Records (Local Level)		
F. Budget Spreadsheets		
G. Budget Revisions		
10. State Monitoring		
A. First TA Visit		
B. Monitoring Visit		
C. Compliance Close-Out Visit		
D. Financial Close-Out Visit		
11. Close-Out		
A. Survey of Direct Beneficiaries		
B. Jobs Form		
C. Financial Report in Close-Out Package		
D. File Review		

Applicant/Project : \_\_\_\_\_

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## **NATIONAL OBJECTIVE BENEFIT JUSTIFICATION**

Since the national objective which economic development projects must address is benefit to low and moderate income persons, please describe the area in the community or target area where low and moderate income persons live and how they would benefit from the project. Describe the benefit to minorities. The project must benefit at least 51% of persons from low and moderate income families. Also, describe skill levels required for new jobs and training to be provided to LMI persons. Please attach LMI/Minority concentration maps.

<b>STATE STAFF USE ONLY</b>	
National Objective Verified	q
Activity _____	Activity _____
Activity _____	Activity _____
Activity _____	Activity _____
Activity _____	Activity _____
Eligible Activities Verified: _____	

Applicant/Project: \_\_\_\_\_

**TITLE VI COMPLIANCE INFORMATION  
FOR CDBG APPLICATIONS**

1. List by name members of the municipal or county legislative organization (city council or county commission) submitting the CDBG application. Identify which of these individuals are of the following racial classifications:
  - a. African American
  - b. Asian American
  - c. Hispanics
  - d. Asian or Pacific Islanders
  - e. American Indians
  - f. Alaskan Native
  
2. List by name members of the municipal or county planning commission that serves the local government submitting the CDBG application. Identify which of these individuals are of the following racial classifications:
  - a. African American
  - b. Asian American
  - c. Hispanics
  - d. Asian or Pacific Islanders
  - e. American Indians
  - f. Alaskan Native
  
3. CDBG applicants are required to hold a public meeting prior to the submission of applications to evaluate community needs and to explain how CDBG funds may be used to address these needs. In addition to informing the public of this meeting through the local newspaper, applicants must make an effort to secure minority participation in this process. The CDBG application must contain the following information:
  - a. A description of the process which was used to secure the participation of minorities in this meeting.
  - b. The number of individuals who participated in the public meeting and the number who are of the following racial classifications:
    1. African American
    2. Asian American
    3. Hispanics
    4. Asian or Pacific Islanders
    5. American Indians
    6. Alaskan Native



Applicant/Project: \_\_\_\_\_

## MINORITY BENEFIT BREAKDOWN

1. African-American, not Hispanic
2. Hispanic
3. Asian or Pacific Islander
4. Native American/Alaskan Native

[illegible]

Applicant/Project : \_\_\_\_\_

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## **HOUSING AND COMMUNITY DEVELOPMENT NEEDS**

Describe your community development and housing needs as identified by your local governing body. Include the needs of low and moderate income persons, minorities and disabled persons along with a brief discussion of the activities that will be undertaken to meet such needs. Specifically, reference how this application addresses those needs and the efforts accomplished on the local level to address those needs.



Applicant/Project : \_\_\_\_\_

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**INSERT THE FOLLOWING ITEMS HERE:**

1. Public meeting documentation. This must include the advertisement, minutes from the meeting, and the sign-in sheets.
2. LMI/minority concentration maps.

"AREA OF MINORITY CONCENTRATION" defined as any neighborhood in which the percentage of households in a particular racial or ethnic minority group is at least 20 points higher than their percentage for the jurisdiction as a whole; or a neighborhood in which the percentage of minorities is at least 20 points above the overall percentage of minorities in the jurisdiction. To illustrate, in a jurisdiction with 15 percent black and 85 percent white population, any neighborhood that is more than 35 (15 plus 20) percent black would be defined as an "area of minority concentration." In jurisdiction with 60 percent black and 40 percent white population, only neighborhoods that are more than 80 (60 plus 20) percent black would be classified as "areas of minority concentration."

In a jurisdiction that is 10 percent black, 30 percent Hispanic and 60 percent white, a neighborhood would be classified as "area of concentration" only if it was more than 30 percent black or more than 50 percent Hispanic. A neighborhood that is 20 percent black and 40 percent Hispanic would also be considered an "area of minority concentration," because the minority percentage is 20 points above the total overall percentage of minorities in the jurisdiction.

Applicant/Project : \_\_\_\_\_

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## **PRELIMINARY ENGINEERING/ARCHITECTURAL REPORT**

A preliminary engineering/architectural report must be inserted at this place in the application. If the application is for water and sewer work, the engineering report must follow the guidelines established in the design criteria for water or sewer projects as provided by the Department of Environment and Conservation. Copies of the design criteria for water projects may be obtained from the Division of Water Supply and for sewer projects, from the Division of Water Pollution Control.

For water projects to improve fire protection, the preliminary engineering/architectural report should include a letter from the company fire insurance carrier outlining necessary flow and pressure.

If a project includes both water and sewer work, a preliminary engineering/architectural report must be submitted for both elements of the projects. If a project is submitted for work other than water and sewer, the preliminary engineering/architectural report should conform to commonly accepted professional standards, including a breakdown of professional cost.

Be sure to include time tables for completion of construction, as well as breakdown of engineering cost for each portion of the project (i.e., water sewer, site preparation, etc.).

If the project is building construction, then a qualified professional registrate, in accordance with state law, must stamp the plans and specifications.

Applicant/Project : \_\_\_\_\_

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## **HOUSING AND COMMUNITY DEVELOPMENT NEEDS**

Please describe your community development and housing needs as identified by your local governing body, including the needs of low and moderate income persons, and the activities to be undertaken to meet such needs. These needs should be listed in priority order. Specifically, reference how this application addresses those needs, as well as efforts undertaken on the local level to address those needs.

Applicant/Project : \_\_\_\_\_

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## EXISTING FACILITY INVENTORY

Complete the following information on existing and under-construction facilities which relate to the proposed project. This information should be completed for any project using water and/or sewer services. Include documentation in engineering report when applicable.

### A. Water Source

Type and Capacity of Source (MGD):	Existing	Proposed	Total
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
Subtotal	_____	_____	_____
Average Yearly Demand (MGD)	_____	_____	_____
Peak Daily Demand (MGD)	_____	_____	_____

### B. Water Treatment Plant\*

Name of System _____	Existing	Proposed	Total
Design Capacity (GPD)	_____	_____	_____
Average Daily Demand (GPD) (July 2001 through June 2002)	_____	_____	_____
Peak Daily Demand (GPD)	_____	_____	_____
Average Daily Pumping Time (Hours)	_____	_____	_____
Average Percentage Water Loss (July 2001 through June 2002)	_____	_____	_____
Average Daily Water Sold (GPD) (July 2001 through June 2002)	_____	_____	_____

\* For applicants without a treatment plant, report the average water pumped and average water sold for your system only.

NOTE: WHEN THE APPLICATION IS FOR BUILDINGS, DOCUMENTATION OF ADEQUATE WATER PRESSURE FOR FIRE PROTECTION MUST BE PROVIDED.

Applicant/Project : \_\_\_\_\_

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**C. Water Storage Volume**

Total Storage Capacity \_\_\_\_\_ MG (with clearwell)

Total Storage Capacity \_\_\_\_\_ MG (without clearwell)

Capacity Available for Public Fire Protection \_\_\_\_\_ MG

**D. Sewage Treatment Plant**

Name of System _____	Existing	Proposed	Total
Design Capacity Hydraulic (MGD)	_____	_____	_____
Organic Loading (lbs/day)	_____	_____	_____
Average Daily Demand (MGD)	_____	_____	_____
Peak Daily Demand (MGD)	_____	_____	_____

Include a copy of the NPDES permit limits for existing plants in the Appendix. If a new discharge permit is required, attach a copy of the planning limits provided by the Division of Water Pollution Control, Permits Section for a proposed discharge or upgrade.

- E. Are any of the existing facilities related to the proposed project presently under citation from the Tennessee Department of Environment and Conservation or the U.S. Environmental Protection Agency due to permit violations? ☐ Yes ☐ No.

If yes, identify facility and violation and include a copy of the citation in the Appendix.

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Applicant/Project : \_\_\_\_\_

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**REAL PROPERTY ACQUISITION** *(Infrastructure Only)*

Property must be acquired in accordance with the Uniform Relocation Assistance and Real Property Acquisition Policies act of 1970 *(as amended)*.

NOTE: Your construction activities cannot begin until all acquisition of land and right-of-ways is complete.

Indicate type and number of each acquisition:

\_\_\_\_\_ Fee simple title  
\_\_\_\_\_ Sewer line extension easements  
\_\_\_\_\_ Water line extension easements  
\_\_\_\_\_ Other

Applicant/Project : \_\_\_\_\_

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**THIS PAGE CONTAINS A FORMAT. PLEASE PREPARE YOUR OWN PLAN USING THIS FORMAT AS A GUIDE. ALL ITEMS ARE APPLICABLE FOR ALL PROJECTS AND MUST BE ANSWERED.**

## **DISPLACEMENT PLAN FORMAT**

The [jurisdiction] will replace all occupied and vacant occupiable low/moderate-income dwelling units demolished or converted to a use other than as low/moderate-income housing as a direct result of activities assisted with funds provided under the Housing and Community Development Act of 1974, as amended.

All replacement housing will be provided within three years of the commencement of the demolition or rehabilitation relating to conversion.

The following information must be submitted:

1. A description of the proposed assisted activity;
2. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be demolished or converted to a use other than as low/moderate-income dwelling units as a direct result of the assisted activity;
3. A time schedule for the commencement and completion of the demolition or conversion;
4. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be provided as replacement dwelling units;
5. The source of funding and a time schedule for the provision of replacement dwelling units; and
6. The basis for concluding that each replacement dwelling unit will remain a low/moderate-income dwelling unit for at least 10 years from the date of initial occupancy.

The [jurisdiction] will provide relocation assistance to each low/moderate-income household displaced by the demolition of housing or by the conversion of a low/moderate-income dwelling to another use as a direct result of assisted activities.

Consistent with the goals and objectives of activities assisted under the Act, the [jurisdiction] will take the following steps to minimize the displacement of persons from their homes:

1. *[To be completed by jurisdiction.]*

Applicant/Project : \_\_\_\_\_

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## REQUIRED SEARCH for LIENS

A search must be conducted, by your community's attorney, at the Tennessee Secretary of State's Office, to determine if there are any blanket liens in place that would affect the community's collateral position. For equipment loans, the search at the Tennessee Secretary of State's Office is performed by submitting a UCC-11 to that office. For real property, a search of the records at the county courthouse is performed. The community's attorney must certify, in the space provided below, that he or she has performed the search and that no UCC-1 financing statements that would affect this project have come to his or her attention, or that no prior liens on the property are in place. Any such financing statements or property liens must be listed in the space provided below.

Company (Debtor): \_\_\_\_\_

Secured Party(ies)	Amount of Loan	Date of Filing
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have performed a UCC-11 search\* at the Tennessee Secretary of State's Office, for equipment loans, and have found no blanket liens or other agreements that would prevent the city or county from taking first lien upon purchases made with the loan proceeds from this project.

By: \_\_\_\_\_

Date

Attorney for:

\_\_\_\_\_

\_\_\_\_\_

\* Please attach a copy of the UCC-11 (search)